

CHAPTER 1100

FEDERAL EMERGENCY SERVICES PROGRAM

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1100 FEDERAL EMERGENCY SERVICES PROGRAM OVERVIEW

AHCCCS provides emergency health care services through the Federal Emergency Services Program (FESP) for those individuals who, but for their citizenship status, would meet Federal Title XIX eligibility requirements.

Definitions.

For the purpose of this chapter, the following definitions apply:

“Acute” – means symptoms that have arisen rapidly, and, more importantly, are short-lived.

“Chronic” – means a health related state that is not acute.

“Emergency Medical or Behavioral Health Condition” for a FESP member – means a medical condition or a behavioral health condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including extreme pain) such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the member’s health in serious jeopardy (this includes serious harm to self for purposes of behavioral health)
2. Serious impairment to bodily functions
3. Serious dysfunction of any bodily organ or part, or
4. Serious physical harm to another person (for behavioral health condition).

“Member” – means the FESP member.

“Stabilized” – with respect to an emergency medical situation, means that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from a facility.



Amount, Duration and Scope. Arizona Revised Statutes §36.2903.03 provides that qualified aliens or non-citizens who do not meet the requirements for Title XIX eligibility are entitled to receive only emergency services. Emergency services include dialysis services for a FESP member with end stage renal disease (ESRD) where a physician has certified that the absence of receiving dialysis at least three times per week would reasonably be expected to result in:

1. Placing the patient's health in serious jeopardy
2. Serious impairment to bodily functions, or
3. Serious dysfunction of any bodily organ or part.

To determine whether a member suffers from an emergency medical or behavioral health condition, the focus must be on the member's current medical or behavioral health condition and whether that condition satisfies the criteria specified in the definition of "Emergency Medical or Behavioral Health Condition" at the time the service is rendered. The member's current condition can be the initial injury that led to the admission, a condition directly resulting from that injury, or a wholly separate condition such as an acute psychiatric episode. The type of facility where a member presents or where service is delivered is not a factor in the determination of an emergency condition. Emergency services can be provided in any setting. Even though an initial injury or behavioral health condition may be stabilized, it does not necessarily mean that the emergency medical or behavioral health condition has ended.

The following applies for **all** emergency medical or behavioral health conditions:

1. The patient's current medical or behavioral health condition must be manifesting itself by acute symptoms. (A condition manifesting itself by only chronic symptoms is not an emergency condition, even though the absence of medical care might lead to one of the adverse consequences listed in #2 below.), **and**
2. The acute symptoms must be sufficiently severe that the absence of immediate medical or psychiatric attention could reasonably be expected to place the member's health in serious jeopardy (includes harm to one's self), or serious impairment to bodily functions, cause serious dysfunction of any bodily organ or part, or cause serious physical harm to another person.



● **REFERENCES**

1. Section 1903(v) of the Social Security Act
2. Title 42 of the Code of Federal Regulations, Part 435 (42 CFR 435)
3. 42 CFR 440.255
4. Arizona Revised Statutes (A.R.S.) §36-2903.03
5. Arizona Administrative Code, Title 9, Chapter 22, Article 2 (9 A.A.C. 22)

Refer to the FFS Provider Manual, Emergency Services Program, for billing requirements. This manual is available on the AHCCCS Web site at www.azahcccs.gov.



1110 PRIOR AUTHORIZATION, NOTIFICATION AND CONCURRENT AND RETROSPECTIVE REVIEW

- **PRIOR AUTHORIZATION (PA)**

A provider is not required to obtain PA for emergency services. A provider may obtain PA for ESRD dialysis services by submitting to the AHCCCS Administration in advance a monthly certification signed by the treating physician stating that the Federal Emergency Services Program (FESP) member is in need of dialysis treatment at least three times per week in order to avoid placing the member's health in serious jeopardy, causing serious impairment to bodily functions or serious dysfunction of any bodily organ or part.

- **NOTIFICATION**

Under 9 A.A.C. 22, Article 2, the provider must provide notification to the AHCCCS Administration as follows:

A provider shall notify the Administration no later than 72 hours after a FESP member receiving emergency medical or behavioral health services presents to a hospital for inpatient services. The Administration may deny payment for failure to provide timely notice.

- **CONCURRENT AND RETROSPECTIVE REVIEW**

All emergency services under the FESP, in whatever setting, are subject to concurrent and/or retrospective review to determine if an emergency did exist at the time of service. If AHCCCS determines that the service did not meet the definition of an emergency medical or behavioral health condition, then the following actions may occur:

1. Denial or recoupment of payments
2. Feedback and education to the provider, and/or
3. Referral for investigation, if there appears to be a pattern of inappropriate billing.



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POLICY 1120
RESERVED

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POLICY 1130
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POLICY 1140
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